

Application Data Sheet

Application Information

Application number::

Filing Date:: 05/08/02

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: EQUIPMENT SUPPORT FOR USE WITH
OFFICE CUBICLES

Attorney Docket Number:: 14572P-060400US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 11

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Tim
Middle Name::	
Family Name::	Brophy
Name Suffix::	
City of Residence::	San Mateo
State or Province of Residence::	CA
Country of Residence::	US
Street of Mailing Address::	2000 Alameda de las Pulgas
Postal Address Line Two::	Second Floor
City of Mailing Address::	San Mateo
State or Province of mailing address::	CA
Country of mailing address::	
Postal or Zip Code of mailing address::	94403

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Nichole
Middle Name::	
Family Name::	Montgomery
Name Suffix::	
City of Residence::	San Mateo
State or Province of Residence::	CA
Country of Residence::	US
Street of Mailing Address::	2000 Alameda de las Pulgas
Postal Address Line Two::	Second Floor
City of Mailing Address::	San Mateo
State or Province of mailing address::	CA
Country of mailing address::	
Postal or Zip Code of mailing address::	94403

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Cris
Middle Name::
Family Name:: Fraenkel
Name Suffix::
City of Residence:: Burnaby 1 BC V5J 5E9
State or Province of Residence::
Country of Residence:: Canada
Street of Mailing Address:: 3750 North Frasier Way
Postal Address Line Two:: Suite 101
City of Mailing Address:: Burnaby 1 BC V5J 5E9
State or Province of mailing address::
Country of mailing address:: Canada
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary	25,748	George M. Schwab
Associate	35,933	Kevin T. LeMond

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country::

Application number::

Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::